SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 25 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000075564 (3)**

1. Corporation Name
PATRICIA NELSON, CERTIFIED ROLFER, INC.

Principal Place of Business	Mailing Address
~~3411 SE KUBIN AVE~~ ~~STUART FL 34997~~	~~3411 SE KUBIN AVE~~ ~~STUART FL 34997~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/25/1993
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business
21: 818 SE. 4TH ST
Suite, Apt. #, etc. 22: # 502
City & State 23: FT LAUDERDALE, FL
Zip 24: 33301 Country 25: USA

2a. Mailing Address
26: 1402 E. LAS OLAS BLVD
Suite, Apt. #, etc. 27: # 1017
City & State 28: FT LAUDERDALE, FL
Zip 29: 33301 Country 30: USA

4. FEI Number: 65-0449940 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangibles tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

NELSON, PATRICIA
~~3411 SE KUBIN AVE~~
~~STUART FL 34997~~

10. Name and Address of New Registered Agent

81 Name: NELSON, PATRICIA
82 Street Address (P.O. Box Number is Not Acceptable): 1402 E. LAS OLAS BLVD # 1017
83
84 City: Ft Lauderdale FL 85 Zip Code: 33301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE: Patricia Nelson — DIRECTOR — 7/15/95
(Signature of a person named in registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	DIRECTOR ☑ Change ☐ Addition
NAME	NELSON, PATRICIA	12 NAME	PATRICIA NELSON addr
STREET ADDRESS	~~3411 SE KUBIN AVE~~	13 STREET ADDRESS	1402 E. LAS OLAS BLVD # 1017
CITY ST ZIP	~~STUART FL 34997~~	14 CITY ST ZIP	FT Lauderdale, FL 33301
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia Nelson — 305-522-8807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PATRICIA NELSON

0128100 CP